

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

| |
|------------------------|
| ACCOUNT BILLED |
| PROVSTGAARD, MICHAEL S |

| |
|-----------------|
| PROPERTY NAME |
| LOST SHEEP MINE |

| |
|-------------|
| PROPERTY ID |
| S230029 |

| |
|--------------|
| BILLING DATE |
| 6/26/1998 |

| |
|------------|
| AMOUNT DUE |
| \$ 100.00 |

| |
|---------------------|
| AMOUNT PAID |
| \$100 ⁰² |

| |
|--|
| <input type="checkbox"/> FEE NOT ENCLOSED |
| Permittee requests an inspection to close out this permit. |

Handwritten:
7/8/98

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

| | |
|--------------------------|-----|
| Change of Address | |
| Contact | |
| Address | |
| | |
| | |
| State | Zip |
| Phone | |

Please make check payable to:
Division of Oil, Gas and Mining